National Academy for State Health Policy Learning Collaborative: Building Primary Care Infrastructure Through Public-Private Medical Home Pilots

2012-2013
APPLICATION FOR TECHNICAL ASSISTANCE

Montana: RFA Applicant

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1. The Patient-Centered Medical Home (PCMH) Advisory Council, convened by the Montana Office of the Commissioner of Securities and Insurance (CSI), has agreed on a definition for medical homes in Montana, recognition standards for practices, a work plan to guide progress toward a statewide PCMH program, a framework for payment, quality metrics, and draft legislation for Montana's 2013 legislature. Passage of legislation will improve the availability of medical homes in the state by creating a central hub for a statewide medical home program with uniform standards.

- Montana's target population for the PCMH program is all healthcare consumers in the state.
- The Montana PCMH initiative is initially working through fee-for-service delivery systems with prospective payment system hospitals in Montana.
- The anticipated launch date for the Montana statewide PCHM program is targeted for May of 2013, after PCMH legislation is signed into law and the governing commission for the program is established.
- Blue Cross Blue Shield of Montana (BCBSMT) initiated PCMH contracts in Montana. As the PCMH initiative has developed, additional insurers have recently begun to create PCMH contracts. Because this effort is expanding in Montana, there is an even greater need to coordinate that effort. Some uniformity will produce more significant results.
- The BCBSMT PCMH program has 300 participating providers, 248 of them are physicians and most of the others are nurse practitioners. Data is not yet available from other payers. To date, there are 66 NCQA recognized physicians in Montana.
- BCBSMT has PCMH contracts with 9 practices in the state, 2 of which are NCQA recognized. Data is not yet available from other payers. There are 12 NCQA recognized practices in Montana.
- BCBSMT has 19,526 members attributed to a medical home contract with providers. A significant number of those are in chronic disease management only. Data is not yet available from other payers.

- How the Montana PCMH Council defines and recognizes medical homes:

  In Montana, a patient centered medical home is health care directed by primary care providers offering family centered, culturally effective care that is coordinated, comprehensive, continuous, and, when possible, in the patient's community and integrated across systems. Health care is characterized by enhanced access, an emphasis on prevention, and improved health outcomes and satisfaction. Primary care providers receive payment that recognizes the value of medical home services.

  Montana will use standards accepted by NCQA PCMH to recognize a primary care clinic as eligible for the pilot project as a medical home and potentially to receive enhanced reimbursement. Pilot sites will commit to moving along the NCQA tiered recognition process. Those recognized as Level 1 under NCQA PCMH 2008 standards must reach 2008 Level 2 or higher, or 2011 Level 1 or higher by January 1, 2013. Once anti-trust issues are resolved, progression may be encouraged with enhanced reimbursement rates based on the level of recognition achieved.

2. The insurance commissioner's strategy to engage stakeholders in implementation efforts was to convene an official state advisory council. The Advisory Council agreed that the program should not compel payer participation, however, the continued involvement of the insurance commissioner as a neutral party between providers and payers, provides leverage in increasing payer participation.

a. Montana's Patient-Centered Medical Home Advisory Council includes providers, commercial insurers, self-insured health plans, and consumer advocates. The Council meets on a monthly basis and all meetings are open to the public. Minutes and other meeting materials are available at www.csi.mt.gov .

b. There is one consumer advocate on the council, a representative from Parents, Let's Unite for Kids. Additional consumer organizations, such as AARP are involved as interested parties and are included in all council communications. There are over 130 stakeholders subscribed to the interested parties list.

3. Currently, there is no alignment on medical home reimbursement among payers in Montana. The PCMH advisory council recommended a framework for payment to the insurance commissioner that was intended to be a guide for payers and providers to utilize when creating PCMH contracts.

This guide does not specify value of payment; however, it includes participation, chronic disease management and quality improvement payments. The insurance commissioner intends to recommend that framework for payment to the commission to uphold as the standard for payment.

4. BCBSMT is supporting practice transformation by setting up a technology platform that coordinates with the state Health Information Exchange (HIE). Currently, five of the nine practices that have BCBSMT PCMH agreements have completed their contracts with the HIE. BCBSMT is requiring all PCMH practices to be connected by February of 2013 in order to receive a quality outcome payment for connectivity in May of 2013. BCBSMT also supports practice transformation by offering reimbursement in 2013 contracts for practices that achieve NCQA 2011 Level 1 PCMH recognition.
5. The insurance commissioner and the advisory council are aware there may be challenges with support for legislation, which advances a statewide program. We also anticipate challenges with recruiting participation from the major self-funded health plans in the state. In the event that legislation does not pass, the Commissioner will continue to facilitate the PCMH Advisory Council as she does now, until September of 2013, when it expires. The Commissioner can consider extending the advisory council for another two years at that time if the council is showing good progress and wishes to continue making recommendations for a voluntary program, providing technical assistance to interested parties, and preparing to attempt legislation again in the 2015 legislature.
6. Montana's governor submitted an application for the SIM initiative that was based on other health reform proposals that did not include the patient-centered medical home initiative.
7. The insurance commissioner is researching possible future programs and is already participating in the NASHP NC IMPaCT Learning Collaborative. The CSI will connect the two programs by integrating information learned from both to strengthen the PCHM initiative in Montana.

8. Strategies from national experts and states similar to Montana will help us overcome challenges involving self-funded health plans, convincing hospitals that PCMH doesn't mean financial losses, and maintaining support for PCMH legislation. Achieving the expected outcomes of the learning collaborative will ensure the successful launch and sustainability of the PCMH commission. Defining and preparing for implementation of a payment model, attribution model and enrollment method will enable the Commission to quickly initiate enrollment and create a PCMH Program suited for Montana's specific needs.
9. All core team members will participate in the January 2013 kick-off meeting.
10. The insurance commissioner's team leader representative will coordinate the core team in a manner aligned with the vision of the PCMH Advisory Council and then the future PCMH Commission. The team leader will convene the core team regularly. The team leader will also assist the commissioner in oversight of the PCMH Commission by ensuring smooth transition from the Council to the Commission. The team leader will continue to work with the Commission to develop long-term work plans to continue the pilot momentum after the technical assistance ends.